

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113249

Entity Name: DLP ENTERPRISES, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

141 DRENNEN ROAD
ORLANDO, FL 32806

New Principal Place of Business:

151 DRENNEN RD
ORLANDO, FL 32806

Current Mailing Address:

141 DRENNEN ROAD
ORLANDO, FL 32806

New Mailing Address:

151 DRENNEN RD
ORLANDO, FL 32806

FEI Number: 20-4249476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BESSIRE, HARLIN E JR.
141 DRENNEN ROAD
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

BESSIRE, HARLIN E JR.
151 DRENNEN ROAD
ORLANDO, FL 32806 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BESSIRE, HARLIN E JR.
Address: 141 DRENNEN ROAD
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: ZIMMER, ROY E JR.
Address: 141 DRENNEN ROAD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BESSIRE, HARLIN E JR.
Address: 151 DRENNEN ROAD
City-St-Zip: ORLANDO, FL 32806

Title: MGR (X) Change () Addition
Name: ZIMMER, ROY E JR.
Address: 151 DRENNEN ROAD
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HARLIN E BESSIRE JR

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date